Psychological Disorders

Chapter 14

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Chapter 14 Learning Objective Menu

- LO 14.1 Early explanations of mental illness
- LO 14.2 Defining abnormal behavior
- LO 14.3 How psychological disorders relate to brain and body
- LO 14.4 How different viewpoints explain psychological disorders
- LO 14.5 Abnormality in other cultures
- LO 14.6 How psychologists diagnose disorders
- LO 14.7 Types of psychological disorders
- LO 14.8 Types and symptoms of anxiety disorders
- LO 14.9 Causes of anxiety disorders
- LO 14.10 Types of somatoform disorders
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- LO 14.12 Types of dissociative disorders
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- LO 14.17 Main symptoms of schizophrenia
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- LO 14.20 Types of personality disorders
- LO 14.21 Causes of personality disorders
- LO 14.21 Seasonal affective disorder

Early Explanations of Mental Illness

- In ancient times holes were cut in an ill person's head to let out evil spirits in a process called trepanning.
- Hippocrates believed that mental illness came from an imbalance in the body's four humors.
- In the Middle Ages, the mentally ill were labeled as witches.

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Definitions of Abnormality

- Psychopathology - the study of abnormal behavior.
- Psychological disorders - any pattern of behavior that causes people significant distress, causes them to harm others, or harms their ability to function in daily life.

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Definitions of Abnormality

- Definitions of Abnormality:
  - Statistically rare
  - Deviant from social norms
    - Situational context - the social or environmental setting of a person's behavior.
  - Subjective discomfort - emotional distress or emotional pain.
  - Maladaptive - anything that does not allow a person to function within or adapt to the stresses and everyday demands of life.

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Biology and Psychopathology

- Biological model – model of explaining behavior as caused by biological changes in the chemical, structural, or genetic systems of the body.

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Psychological Viewpoints of Psychopathology

- Psychoanalytic theorists - assume that abnormal behavior stems from repressed conflicts and urges that are fighting to become conscious.
- Behaviorists - see abnormal behavior as learned.
- Cognitive theorists - see abnormal behavior as coming from irrational beliefs and illogical patterns of thought.

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Culture and Psychopathology

- Cultural relativity - the need to consider the unique characteristics of the culture in which behavior takes place.
- Culture-bound syndromes – disorders found only in particular cultures.

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DSM-IV-TR

- *Diagnostic and Statistical Manual, Version IV, Text Revision* is a manual of psychological disorders and their symptoms. DSM-IV

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LO 14.6 How psychologists diagnose disorders

TABLE 14.1 THE AXES OF THE *DSM-IV-TR*

Axis	Type of Information	Description in Brief
Axis I	Clinical Disorders and Other Conditions That May Be a Focus of Clinical Attention.	Psychological disorders that impair functioning and are stressful and factors that are not disorders but that may affect functioning, such as academic or social problems.
Axis II	Personality Disorders Mental Retardation	Rigid, enduring, maladaptive personality patterns.
Axis III	General Medical Conditions	Chronic and acute illnesses and medical conditions that may have an impact on mental health.
Axis IV	Psychosocial and Environmental Problems	Problems in the physical surroundings of the person that may have an impact on diagnosis, treatment, and outcome.
Axis V	Global Assessment of Functioning	Overall judgment of current functioning, including mental, social, and occupational.

Adapted from the American Psychiatric Association, *DSM-IV-TR* (2000).

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Types of Disorders

- There are five axes in the *DSM-IV-TR*, which include clinical disorders, personality disorders, general medical conditions, psychosocial and environmental problems, and a global assessment of functioning.
- Over one-fifth of all adults over age 18 suffer from a mental disorder in any given year.
- Major depression is one of the most common psychological disorders worldwide.

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LO 14.7 Types of psychological disorders

TABLE 14.2 AXIS I DISORDERS OF THE *DSM-IV-TR*

Disorder	Examples
Disorders usually first diagnosed in infancy, childhood, or adolescence	Learning disabilities, ADHD, bedwetting, speech disorder
Delirium, dementia, amnesia, and other cognitive disorders	Alzheimer's, Parkinson's, amnesia due to physical causes
Psychological disorders due to a general medical condition	Personality change because of a brain tumor
Substance-related disorders	Alcoholism, drug addictions
Schizophrenia and other psychotic disorders	Schizophrenia, delusional disorders, hallucinations, paranoid psychosis
Mood disorders	Depression, mania, bipolar disorders
Anxiety disorders	Panic disorder, phobias, stress disorders
Somatoform disorders	Hypochondria, conversion disorder
Factitious disorders	Pathological lying, Munchausen syndrome
Dissociative disorders	Multiple personality, amnesia not due to physical causes
Sexual and gender identity disorders	Sexual desire disorders, paraphilias
Eating disorders	Anorexia, bulimia
Sleep disorders	Insomnia, sleep terror disorder, sleepwalking, narcolepsy
Impulse-control disorders not elsewhere classified	Kleptomania, pathological gambling, pyromania
Adjustment disorders	Mixed anxiety, conduct disturbances

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LO 14.7 Types of psychological disorders

TABLE 14.3 OCCURRENCE OF PSYCHOLOGICAL DISORDERS IN THE UNITED STATES

Category of Disorder	Specific Disorder	Percentage/Number*
Depressive Disorders	Major depressive disorder	5%/9.9 million
	Dysthymic disorder	5.4%/10.9 million
	Bipolar disorder	1.2%/2.3 million
Schizophrenia	All types	1.1%/2.2 million
Anxiety Disorders	Panic disorder	1.7%/2.4 million
	Obsessive-compulsive disorder	2.3%/3.3 million
	Post-traumatic stress disorder	3.6%/5.2 million
	Generalized anxiety disorder	2.8%/4.0 million
	Social phobia	3.7%/5.3 million
	Agoraphobia	2.2%/3.2 million
	Specific phobia	4.4%/6.3 million

* Percentage of adults over age 18 affected annually/actual number within the population where available, in the United States.

Adapted from NIMH (2001).

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LO 14.7 Types of psychological disorders

Statistically speaking, about one out of every five of the people in this crowd probably suffers from some form of psychological disorder.

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Anxiety Disorders

- Anxiety disorders - disorders in which the main symptom is excessive or unrealistic anxiety and fearfulness.
  - Free-floating anxiety - anxiety that is unrelated to any realistic, known source.
- Phobia - an irrational, persistent fear of an object, situation, or social activity.
  - Social phobia - fear of interacting with others or being in social situations that might lead to a negative evaluation.

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Anxiety Disorders

- Specific phobia - fear of objects or specific situations or events.
  - Claustrophobia - fear of being in a small, enclosed space.
  - Acrophobia - fear of heights.
  - Agoraphobia - fear of being in a place or situation from which escape is difficult or impossible.

Although leading man Harrison Ford has often played confident, bold characters in films, he describes himself as being terrified of public speaking. At a banquet of the American Film Institute he received a lifetime achievement award. He was unable to express his thanks in the manner he would have liked, speaking in barely audible whispers.

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LO 14.8 Types and symptoms of anxiety disorders

TABLE 14.4 COMMON PHOBIAS AND THEIR SCIENTIFIC NAMES

Fear of	Scientific Name
Washing and bathing	Ablutophobia
Spiders	Arachnophobia
Lightning	Ceraunophobia
Dirt, germs	Mysophobia
Snakes	Ophidiophobia
Darkness	Nyctophobia
Fire	Pyrophobia
Foreigners, strangers	Xenophobia
Animals	Zoophobia

Source: Adapted from Culbertson (2003).

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Anxiety Disorders

- Obsessive-compulsive disorder – disorder in which intruding, recurring thoughts or obsessions create anxiety that is relieved by performing a repetitive, ritualistic behavior (compulsion).
- Panic disorder – disorder in which panic attacks occur frequently enough to cause the person difficulty in adjusting to daily life.
  - Panic attack - sudden onset of intense panic in which multiple physical symptoms of stress occur, often with feelings that one is dying.

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LO 14.8 Types and symptoms of anxiety disorders

sweating
racing heart
chest pain
shortness of breath
dizziness
nausea
hot flashes/chills
trembling
terror
desire to escape

Menu

Anxiety Disorders

- Panic disorder with agoraphobia - fear of leaving one's familiar surroundings because one might have a panic attack in public.
- Generalized anxiety disorder - disorder in which a person has feelings of dread and impending doom along with physical symptoms of stress, which lasts six months or more.

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Causes of Anxiety Disorders

- Psychoanalytic explanations point to repressed urges and desires that are trying to come into conscious, creating anxiety that is controlled by the abnormal behavior.
- Behaviorists state that disordered behavior is learned through both positive and negative reinforcement.

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Causes of Anxiety Disorders

- Cognitive psychologists believe that excessive anxiety comes from illogical, irrational thought processes.
  - Magnification - the tendency to interpret situations as far more dangerous, harmful, or important than they actually are.
  - All-or-nothing thinking - the tendency to believe that one's performance must be perfect or the result will be a total failure.
  - Overgeneralization - the tendency to interpret a single negative event as a never-ending pattern of defeat and failure.
  - Minimization - the tendency to give little or no importance to one's successes or positive events and traits.
- Biological explanations of anxiety disorders include chemical imbalances in the nervous system, in particular serotonin and GABA systems.

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Somatoform Disorders

- Somatoform disorders - disorders that take the form of bodily illnesses and symptoms but for which there are no real physical disorders.
- Psychosomatic disorder - disorder in which psychological stress causes a real physical disorder or illness.
- Psychophysiological disorder - modern term for psychosomatic disorder.

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Somatoform Disorders

- Hypochondriasis - somatoform disorder in which the person is terrified of being sick and worries constantly, going to doctors repeatedly, and becoming preoccupied with every sensation of the body.
- Somatization disorder - somatoform disorder in which the person dramatically complains of a specific symptom such as nausea, difficulty swallowing, or pain for which there is no real physical cause.
- Conversion disorder – somatoform disorder in which the person experiences a specific symptom in the somatic nervous system's functioning, such as paralysis, numbness, or blindness, for which there is no physical cause.

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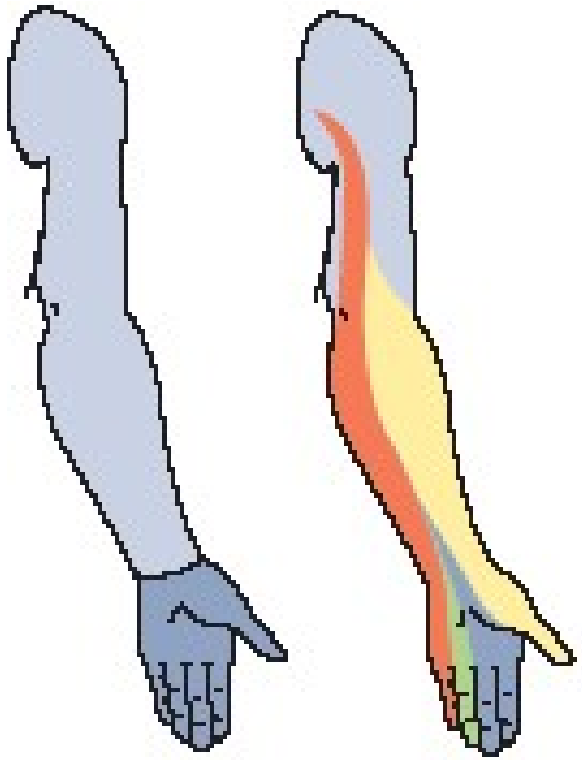
LO 14.10 Types of somatoform disorders

FIGURE 14.1 **Glove Anesthesia**
Glove anesthesia is a disorder in which the person experiences numbness from the wrist down (see the drawing on the left). However, real nerve damage would produce numbness down one side of the arm and hand, as shown in the drawing on the right. Thus, because glove anesthesia is anatomically impossible, it is actually a sign of a conversion disorder.



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Causes of Somatoform Disorders

- Psychoanalytic explanations of somatoform disorders assume that anxiety is turned into a physical symptom.
- Behavioral explanations point to the negative reinforcement experienced when the "ill" person escapes unpleasant situations such as combat.
- Cognitive explanations assume that people magnify their physical symptoms and normal bodily changes into ailments out of irrational fear.

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Dissociative Disorders

- Dissociative disorders – disorders in which there is a break in conscious awareness, memory, the sense of identity, or some combination.
  - Dissociative amnesia - loss of memory for personal information, either partial or complete.
  - Dissociative fugue - traveling away from familiar surroundings with amnesia for the trip and possible amnesia for personal information.

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Dissociative Disorders

- Dissociative identity disorder - disorder occurring when a person seems to have two or more distinct personalities within one body.

- Depersonalization disorder – dissociative disorder in which a person feels detached and disconnected from themselves, their bodies, and their surroundings.

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Development of Dissociative Disorders

- Psychoanalytic explanations point to repression of memories, seeing dissociation as a defense mechanism against anxiety.
- Cognitive and behavioral explanations see dissociative disorders as a kind of avoidance learning.
- Biological explanations point to lower than normal activity levels in the areas responsible for body awareness in people with dissociative disorders.

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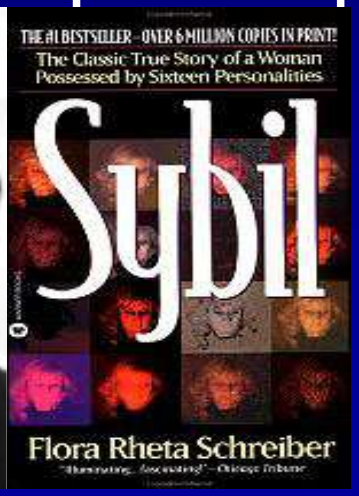
Sybil Controversy

- There is taped evidence to suggest that the psychiatrist treating “Sybil,” the famous multiple personality case, may have suggested to “Sybil” that she view her emotions as separate personalities.


THE #1 BESTSELLER - OVER 6 MILLION COPIES IN PRINT!
The Classic True Story of a Woman Possessed by Sixteen Personalities
Sybil
Flora Rheta Schreiber

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Mood Disorders

- Affect – in psychology, an emotional reaction.
- Mood disorders - disorders in which mood is severely disturbed.
  - Dysthymia - a moderate depression that lasts for two years or more and is typically a reaction to some external stressor.
  - Cyclothymia - disorder that consists of mood swings from moderate depression to hypomania and lasts two years or more.

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LO 14.15 Types of mood disorders

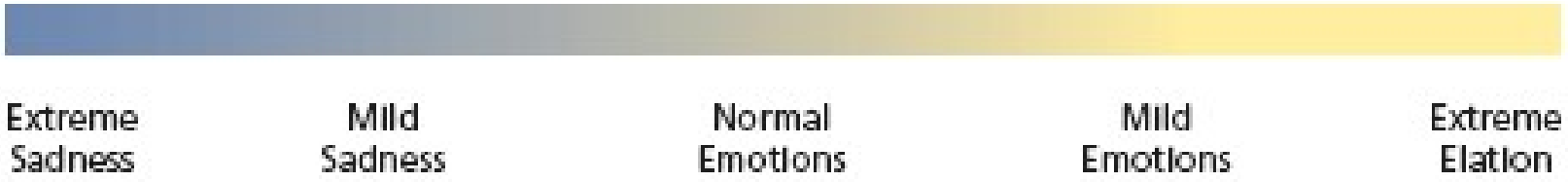

FIGURE 14.2 **The Range of Emotions** Most people experience a range of emotions over the course of a day or several days, such as mild sadness, calm contentment, or mild elation and happiness. A person with a mood disorder experiences emotions that are extreme and, therefore, abnormal.

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Mood Disorders

- Major depression - severe depression that comes on suddenly and seems to have no external cause.
- Manic - having the quality of excessive excitement, energy, and elation or irritability.
- Bipolar disorder - severe mood swings between major depressive episodes and manic episodes.

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LO 14.15 Types of mood disorders

Former President Clinton's mental health advisor Tipper Gore, the wife of then Vice President Al Gore, listens to *60 Minutes* correspondent Mike Wallace as he tells of his suffering from clinical depression. They were both attendees at the White House Conference on Mental Health at Howard University on June 7, 1999.

Menu

Award-winning actress Patty Duke was finally diagnosed with bipolar disorder in 1982. She credits her treatment with lithium as saving her life.

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Causes of Mood Disorders

- Psychoanalytic theories see depression as anger at authority figures from childhood turned inward on the self.
- Learning theories link depression to learned helplessness.
- Cognitive theories see depression as the result of distorted, illogical thinking.
- Biological explanations of mood disorders look at the function of serotonin, norepinephrine, and dopamine systems in the brain.

Menu

Schizophrenia

- Schizophrenia - severe disorder in which the person suffers from disordered thinking, bizarre behavior, hallucinations, and is unable to distinguish between fantasy and reality.
- Psychotic - the break away from an ability to perceive what is real and what is fantasy.

Actor Russell Crowe portrayed schizophrenic genius John Forbes Nash in the 2001 film *A Beautiful Mind*.

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Schizophrenia

- Positive symptoms - symptoms of schizophrenia that are excesses of behavior or occur in addition to normal behavior; hallucinations, delusions, and distorted thinking.
  - Delusions - false beliefs held by a person who refuses to accept evidence of their falseness.
    - Delusional disorder - a psychotic disorder in which the primary symptom is one or more delusions (may or may not be schizophrenia).
  - Hallucinations - false sensory perceptions, such as hearing voices that do not really exist.

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Schizophrenia

- Negative symptoms - symptoms of schizophrenia that are less than normal behavior or an absence of normal behavior; poor attention, flat affect, and poor speech production.
  - Flat affect - a lack of emotional responsiveness.

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Types of Schizophrenia

- Disorganized - type of schizophrenia in which behavior is bizarre and childish and thinking, speech, and motor actions are very disordered.
- Catatonic - type of schizophrenia in which the person experiences periods of statue-like immobility mixed with occasional bursts of energetic, frantic movement and talking.
- Paranoid - type of schizophrenia in which the person suffers from delusions of persecution, grandeur, and jealousy, together with hallucinations.

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LO 14.15 Types of schizophrenia

This photograph shows Keith, Deanna, Joshua, and Luck Laney of New Chapel Hill, Texas, in seemingly happier times. On May 12, 2003, Deanna Laney killed her two young sons by crushing their heads with rocks, believing that God had ordered her to kill her children. On the day of the killings, Deanna suffered a number of visual and auditory hallucinations. Mrs. Laney was found innocent by reason of insanity in 2004 and has been committed to a maximum security state hospital, where she is undergoing treatment for paranoid schizophrenia.

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Types of Schizophrenia

- Undifferentiated - type of schizophrenia in which the person shows no particular pattern, shifting from one pattern to another, and cannot be neatly classified as disorganized, paranoid, or catatonic.
- Residual - type of schizophrenia in which there are no delusions and hallucinations, but the person still experiences negative thoughts, poor language skills, and odd behavior.

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Causes of Schizophrenia

- Psychoanalytic theories see schizophrenia as resulting from a severe breakdown of the ego, which has become overwhelmed by the demands of the id and results in childish, infantile behavior.
- Behaviorists focus on how reinforcement, observational learning, and shaping affect the development of the behavioral symptoms of schizophrenia.
- Cognitive theorists see schizophrenia as severely irrational thinking.

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Causes of Schizophrenia

- Biological explanations focus on dopamine, structural defects in the brain, and genetic influences in schizophrenia.
- Stress-vulnerability model - explanation of disorder that assumes a biological sensitivity, or vulnerability, to a certain disorder will develop under the right conditions of environmental or emotional stress.

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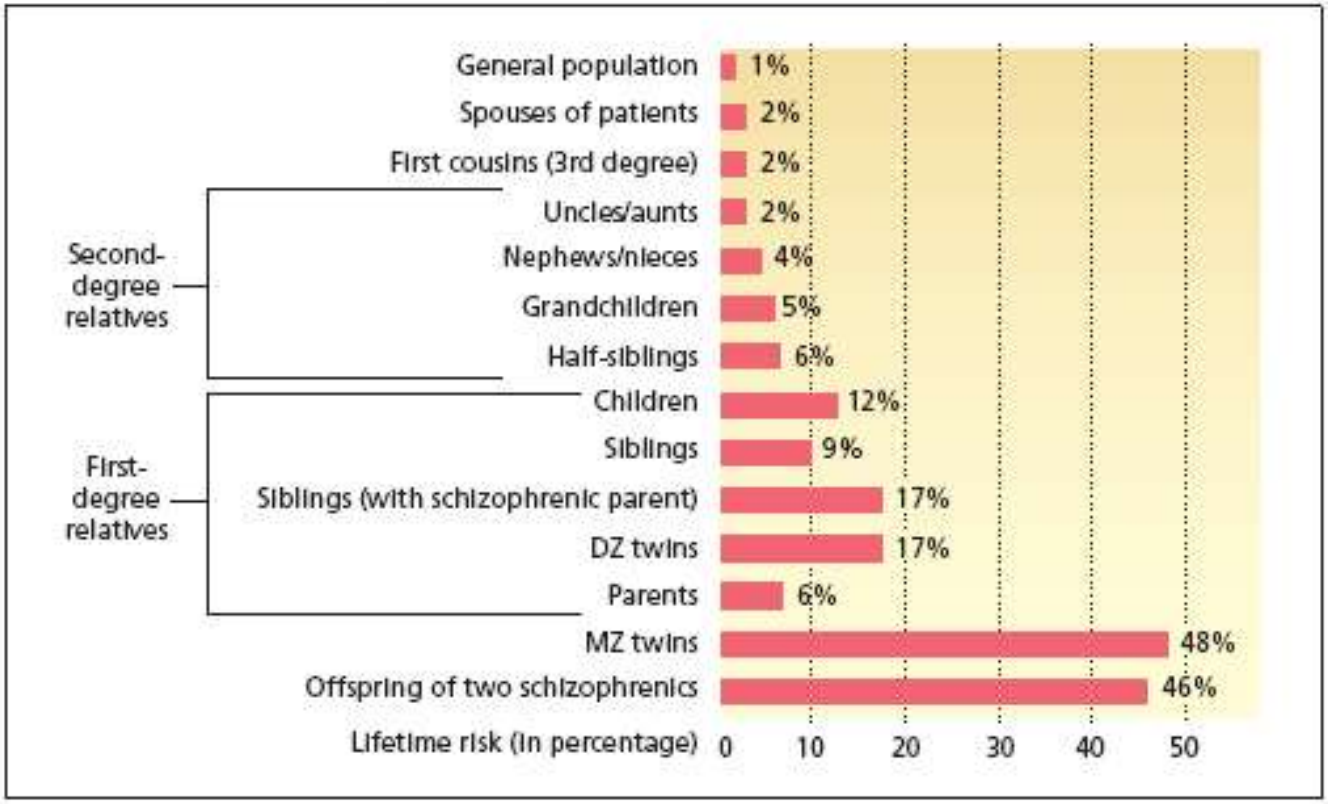
LO 14.19 Causes of schizophrenia

FIGURE 14.4 **Genetics and Schizophrenia** This graph shows a definite pattern: the greater the degree of genetic relatedness, the higher the risk of schizophrenia in individuals related to each other. The only individual to carry a risk even close to that of identical twins (who share 100 percent of their genes) is a person who is the child of two schizophrenic parents.
Source: Gottesman (1991).



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Personality Disorders

- Personality disorders - disorders in which a person adopts a persistent, rigid, and maladaptive pattern of behavior that interferes with normal social interactions.
  - Antisocial personality disorder - disorder in which a person has no morals or conscience and often behaves in an impulsive manner without regard for the consequences of that behavior.
  - Borderline personality disorder - maladaptive personality pattern in which the person is moody, unstable, lacks a clear sense of identity, and often clings to others.

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LO 14.20 Types of personality disorders

TABLE 14.5 THE PERSONALITY DISORDERS

Personality Disorder	Description
Odd or Eccentric Types	
Paranoid	Extreme suspicion of others; mistrustful, often jealous
Schizoid	Loners who are cool, distant, and unwilling and unable to form close relationships with others
Schizotypal	Difficulty in forming social relationships, odd and eccentric behavior, tendency to hold magical beliefs
Dramatic or Erratic Types	
Antisocial	Lacking in conscience or morals; users and con artists who experience no regret or strong emotions
Borderline	Moody, unstable, lacking in a clear sense of identity, clinging to others
Histrionic	Tendency to overreact and use excessive emotions to draw attention from and manipulate others. Love to be the center of attention
Narcissistic	Extremely vain and self-involved
Anxious or Fearful Types	
Avoidant	Fearful of social relationships, tend to avoid social contacts unless absolutely necessary
Dependent	Needy, want others to make decisions for them
Obsessive-Compulsive	Controlling, focused on neatness and order to an extreme degree

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Causes of Personality Disorders

- Psychoanalysts blame an inadequate resolution to the Oedipal complex for personality disorders, stating that this results in a poorly developed superego.
- Cognitive-learning theorists see personality disorders as a set of learned behavior that has become maladaptive—bad habits learned early on in life. Belief systems of the personality disordered person are seen as illogical.

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Causes of Personality Disorders

- Biological explanations look at the lower than normal stress hormones in antisocial personality disordered persons as responsible for their low responsiveness to threatening stimuli.
- Other possible causes of personality disorders may include disturbances in family communications and relationships, childhood abuse, neglect, overly strict parenting, overprotective parenting, and parental rejection.

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Seasonal Affective Disorder

- Seasonal affective disorder (SAD) - a mood disorder caused by the body's reaction to low levels of sunlight in the winter months.
- Phototherapy - the use of lights to treat seasonal affective disorder or other disorders.

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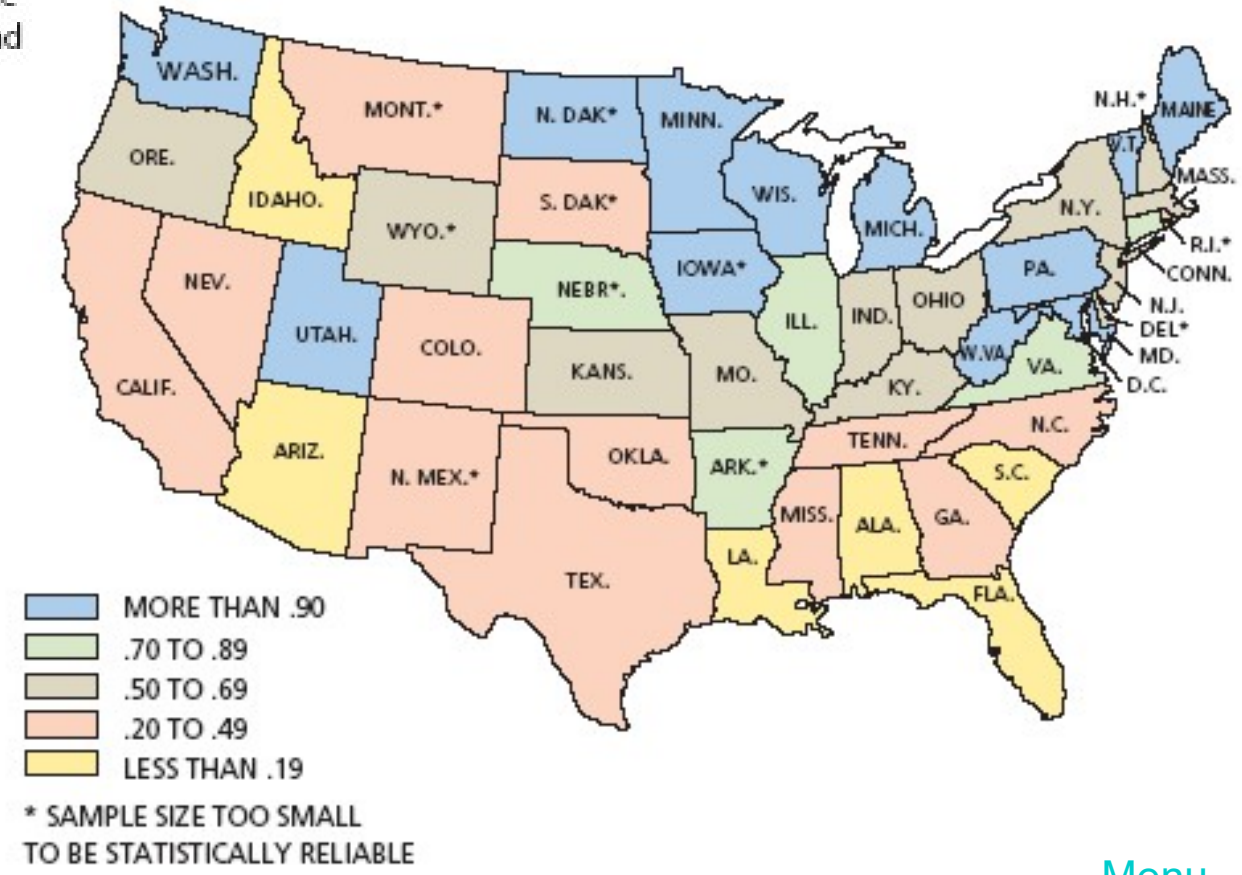
LO 14.22 Seasonal affective disorder

FIGURE 14.5 **Prevalence of SAD in the United States** These data, gathered by Steven G. Potkin and his associates (from Wurtman & Wurtman, 1989), indicate considerably higher rates of seasonal affective disorder (SAD) in the northern latitudes. For example, Washington, Minnesota, and Maine have more than three times the levels of SAD as Florida, Louisiana, and Arizona. Shorter winter days in the more northern areas are thought to trigger a change in the brain's biochemistry resulting in SAD.



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